DISTRIBUTOR NAME

CITY & STATE

JET HOME PLANT SYSTEM SERVICE POLICY

This agreement entitles:	OWNER:		
	STREET:		
	CITY:	STATE	_ZIP
	PHONE:		
to the following service for the no charge. This agreement is ext	•	-	
cost for each 2 year extension sh	all be set by the	distributor/servi	ce company and a
renewal notice shall be sent to t	he system owner ap	proximately 90 da	ys before the
end of the current service policy	term. The system	owner shall remi	t the renewal
fee to the distributor/service co	mpany prior to the	expiration date	of the current
service policy term. The renewal	service policy wi	ll provide the sa	me service
protection as offered in the firs	t 2 years of servi	ce on an original	installation.
Upon receipt of this signed agree	ment \$	(distributor
name) agrees to perform the follow	wing service durin	g the term of thi	s agreement.
Inspection of the system at the a	bove address twice	a year wil l incl	ude:
	PLANT SERVICE		
* Removal of aerator, inspection	n, adjustment, cle	aning of aerator's	s shaft, field

- service of aerator, if needed, and re-installation.
- \star Check of discharge point for blockage.

* Inspection and adjustment of control panel and electrical overload protection.

if there is access of inspection.

TABLET FEEDERS SERVICE

* Inspection, cleaning, servicing and restocking of the tablet feeders. Charge for chlorine tablets and dechlorination tablets is additional.

(distributor name) further agrees to the following:

- * There will be no charge for emergency service calls.
- * There will be no service or labor charge for removal or reinstallation of the aerator, if required.
- * If improper operation cannot be corrected at time of service, homeowner will be notified immediately and given estimated date of correction. Any repairs, replacements, adjustments or other corrections will be made within 48 hours and shall be reported immediately to the SWCB and the Virginia Department of Health.
- * If necessary the entire mechanical unit or any parts will be replaced according to the manufacturer's warranty/exchange program. The cost shall not exceed \$ 500.00 in any year of the agreement. This \$ 500.00 is above and beyond the cost of the 2 year maintenance policy.
- * Performance of all testing as required in the Virginia Commonwealth Health

 Department <u>ALTERNATE DISCHARGING SEWAGE TREATMENT REGULATIONS FOR SINGLE FAMILY</u>

 <u>DWELLINGS</u> unless the owner maintains a separate monitoring agreement in accordance with the regulations.

As an applicant of a VPDES permit on the above referenced property, I the homeowner agree to continue this service policy which will guarantee regular maintenance of my system for the life of the permit (5 years).

Further, I agree to take full responsibility to learn how to properly monitor the day-to-day operation of my system and to add chemicals as necessary. I understand that the system can not adequately treat wastewater if the tablet feeders for chlorination and dechlorination are not kept stocked with chemicals, if power is not supplied to the electrically operated components of the system, or if parts of the system are removed or bypassed. Also, I understand that my system will probably not operate properly if I attempt to treat wastes which contain disinfectants, solvents, industrial chemicals or significant amounts of non-biodegradeable materials. I also agree to follow the instructions found in my homeowner's manual.

Further, I acknowledge that the Commonwealth or Local Health Department may recommend suspension of my VPDES permit if the maintenance contract on my system lapses or is not maintained in force.

Owner's Signature	Date
Accepted for (distributor's name)	Date